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*Child's Full Name*

*Birthday*

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*Parent/Guardian's Full Name*

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*Address City State Zip*

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*Phone*

*Email*

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*Emergency Contact & Relation to Child*

*Phone*

Does your child have any food allergies? Yes No If yes, please indicate: \_\_\_\_\_

Does your child have any medical issues or behavioral and/or special educational needs? Yes No  
If yes, please indicate: \_\_\_\_\_

Will your child be coming to class directly from school? Yes No If yes, indicate which school: \_\_\_\_\_. Please contact us to coordinate, as we are happy to meet your child(ren) at the nearest bus stop and walk them to Create!

**Please indicate the class or workshop for which your child is enrolled.**

\_\_\_\_\_ **Mommy Time! Preschool Six Week Workshop** 10-11:30 AM or 1-2:30 PM  
\$162, Fridays

\_\_\_\_\_ **Color Wheel Kids School-age Six Week Workshop** 10am- Noon or 2:30-4:30 PM  
\$180, Wednesdays

\_\_\_\_\_ **Ti-De-B'am Tweens Six-Week Workshop, \$180, Thursdays, 4:30-6:30 PM**

\_\_\_\_\_ **Cookies-N-Canvas: A Create-Art 'Sitter (6-12 year olds), \$35, Friday Nights, 5-7 PM**

\_\_\_\_\_ **Fandoms on Canvas, Sundays, 1-3 PM (\*children under 12 must be accompanied by an adult)**  
\$40 per person (12 yrs & up) ; \$30 per child (11 yrs & under)



**Parent/Guardian Printed**

**Name:** \_\_\_\_\_

**Child(ren)'s Name(s):** \_\_\_\_\_

**LIABILITY AND FINANCIAL RESPONSIBILITY WAIVER**

By registering for workshops at Create! Art & Essence, LLC, I declare that my child is in good physical condition and has no disease or injury that would be aggravated by participation in activities related to art workshops at Create! Art & Essence, LLC.

I understand that should my child become a disruptive force during the educational program that the instructor may choose to release him/her from the program.

I understand the art workshops provided by Create! Art & Essence, LLC as well as understand the inherent dangers and the possibility of unforeseeable risks, damages, and injury involved with my child's participation in these programs.

I further understand and acknowledge that participants in such programs are not covered under insurance of Create! Art & Essence, LLC.

I hereby give my consent, authorize, and grant permission to representative(s) of Create! Art & Essence, LLC to administer first aid and/or to obtain emergency medical care or treatment from any licensed physician or hospital. I freely and voluntarily execute this release and with such knowledge, assume the risk of personal injury and/or property loss arising from or in any connection with my child's participation in art program(s) offered by Create! Art & Essence, LLC.

I hereby release and forever discharge Create! Art & Essence, LLC and any and all agents of Create! Art & Essence, LLC from any and all liability, claim, cause of action, demand or damages from injury, damage or loss of any kind to my child and my property as a result of my child's participation in any art programs of Create! Art & Essence, LLC. I further waive, release, absolve, and agree to indemnify and hold harmless Create! Art & Essence, LLC as a result of my child's participation in any educational program sponsored by Create! Art & Essence, LLC.

I understand that I must be prompt in picking up my child(ren). A charge of \$1 per minute will be collected if tardy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Parent/Guardian Printed

Name: \_\_\_\_\_

Child(ren)'s Name(s): \_\_\_\_\_

#### PHOTO/MEDIA RELEASE

I **do give / do not give** permission to Create! Art & Essence, LLC and its representatives to take and use my child(ren)'s photographs, quotations, and/or art work for any purpose whatsoever, including advertisement and publicity through any media and/or social network. I further agree that all property rights in and to any advertising or publicity materials, including photographs, recordings, or quotations containing my child(ren) or their artwork are the sole and exclusive property of Create! Art & Essence, LLC.

#### INDIVIDUALIZED EDUCATION/DIETARY NOTICE

I have notified Create! Art and Essence, LLC of any special accommodations and action plans my child(ren) may need to thrive while attending a class and/or workshop, including food allergies, behavioral issues, and/or special educational needs. The Create staff reserves the right to decide if such issues are appropriate for their classes and/or workshops. I acknowledge that I have been given the opportunity to ask questions regarding my child(ren)'s accommodations by calling Create! Art and Essence, LLC (970)948-4545 or by emailing [contact@createartglenwood.com](mailto:contact@createartglenwood.com)

#### CANCELATION POLICY

For **six week workshops**, kindly give a **48 hour notice of cancellation** prior to the first workshop class, so that we may offer your child's spot to another patron. A refund or store credit will be issued for cancellations received more than 48 hours before the class. Store credit will be given for cancellations less than 48 hours before the workshop's first class. No credits or refunds are given for missed classes.

For **single session classes**, kindly give a **24 hour notice of cancellation**, so that we may offer your spot to another patron. A refund or store credit will be issued for cancellations received more than 24 hours before the class. Store credit will be given for cancellations less than 24 hours before the class. No shows will not receive a refund or store credit.

We reserve the right to change the artist, postpone the class, or cancel a class for unforeseen circumstances. Customers will be notified in advance and either a refund will be issued for that class or a make-up class will be scheduled for any classes cancelled by us. Workshops with insufficient enrollment may be cancelled.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_